

# Foster Family Home - Corrective Action Report

Provider ID: 1-130045

Home Name: Joereilyn Bugausan, CNA

Review ID: 1-130045-7

94-1064 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/25/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 9/25/19.

PCG requests to increase to a 3 client CCFFH.

Corrective Action Report issued during home inspection with all items due to CTA by 10/25/19.

6.(d)(1)- see applicable sections of the review.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures training done on HHM#2.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- No current Tuberculosis Clearance on HHM#2.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- No Service Plan for Client #1 and Client #2.

54.(c)(5)- Medication Discrepancy noted in the MAR for Client #1.

Maribel Nakamine, RN  
Compliance Manager

Date

9/25/19

Joereilyn Bugausan  
Primary Care Giver

Date

9/25/19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: JOERELYN BUGAWISAN  
CCFFH Address: 94-1064 KUHAWA ST.  
WAIKAPU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(5)	HHM # 2 was trained on confidentiality and signed the form. Home placed the form in the administrative binder.	10/2/19	In the future, all new caregivers and household members will receive this training within 7 days of being added to home.
41.(b)(7)	TB clearance was obtained for HHM # 2. It was placed into home record.	10/2/19	Home will use calendar to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
54.(c)(2)	I contacted my CMA's to provide a copy of client's #1 and #2 individual service plan and place it in their individual chart.	9/25/19 9/27/19	In the future, I will make sure there is a service plan when admit a client.
54.(c)(5)	Medication discrepancy was corrected by client's CM, MD and CG # 1 on client's medication administration record.	9/27/19	Caregivers will look at all medication orders, bottles and mar to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or MD if they are different.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: JOERELYN BUGAWISAN

Date of Signature: 10/2/19